

CLAIMS ONLY

Application Number

101700301

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | * May be used for additional claims or amendments | | * May be used for additional claims or amendments | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|---|--------|---|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | / | | | | | | 51 | | | | | |
| 2 | | / | | | | | 52 | | | | | |
| 3 | | / | | | | | 53 | | | | | |
| 4 | | / | | | | | 54 | | | | | |
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| 6 | | / | | | | | 56 | | | | | |
| 7 | | / | | | | | 57 | | | | | |
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| 32 | | / | | | | | 82 | | | | | |
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| 34 | / | | | | | | 84 | | | | | |
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| 36 | | | | | | | 86 | | | | | |
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| 48 | | | | | | | 98 | | | | | |
| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| Total Indep | 12 | | | | | | Total Indep | | | | | |
| Total Depend | 22 | | | | | | Total Depend | | | | | |
| Total Claims | 34 | | | | | | Total Claims | | | | | |